S. No. 2
M—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1945

State File No. 18787

Registration District No. 818 Primary Registration District No. 5003 Registrar's No. 5604

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hpsital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis, Mo. 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5737 Lindenwood
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Marie Hanson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan Ist, 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Bergen, Norway (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Johansen
13. Birthplace Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Andrew E. Hansen
(b) Address 5737 Lindenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29th, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway

19. (a) JUN 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Apr 10 45, to June 27, 1945 that I last saw her alive on June 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of abdominal organs.

Due to

Due to Primary in Ovary

Other conditions
(Include pregnancy within 3 months of death)

Major findings Of operations Cancer ovary, uterus, liver

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Cawhite (M. D. or other)

Address 634 N. Grand Date signed 6-28-45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.